

INDIANA BOARD OF VETERINARY MEDICAL EXAMINERS PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 234-2054 E-mail: pla8@pla.IN.gov

DATE RECEIVED (month, day, year)	
APPROVAL DATE (month, day, year)	
CONTINUING EDUCATION HOURS GRANTED	

CONTINUING EDU	CATION HOURS	GRANTED					
		DO NO	T WRITE ABOVE T	HIS LINE - FO	R OFFIC	CE USE ONLY	
PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS. SPONSORING ORGANIZATION							
Name of sponsoring orga	anization		or oncor	ING ONGANIZ	ATION		
Address (number and st	reet or nost office hav	4)					
Address (Hamber and St.	reet of post office box	.)					
City						State	ZIP code
Telephone number (day	time)	Fax number		E-mail address			Website
()		()					
			22222		TOP		
Name(s) of program coo	ordinator(s)		PROGRA	M COORDINA	TOR		Title
Mailing address (number	r and street or post of	fice box)					
City						State	ZIP code
Telephone number (day	tima)	Fax number		E-mail address			
()	ume)	()		E-mail address			
Program title			PROGRA	M TO BE OFF	ERED		
Program date(s)							☐ One Program
Location of program (city and state)							ividitiple Programs
Number of Continuing Education hours requested							
Is this program for:	_						
	Veterinarians		Veterinary Technicia	ans	□ Во	oth	
TYPE OF PROGRAM							
_	☐ Conference		Institute		□ 0-	a aial Tasinia a Das ansas	
	☐ Conference		Workshop			pecial Training Program atellite Program	
	☐ Short Course		Videotape			ther	
OBJECTIVES							
List the objectives for the continuing education course.							

CONTENT OF PROGRAM							
Please provide the Board with a brief summary of the content of the program below. Attach a copy of the program outline or brochure with time frames to this application.							
	LECTURERS						
Attach curriculum vitas and resumes of all lecturers showing	1						
NAME OF LECTURER	ACADEMIC AND PR	OFESSIONAL BACKGROUND					
	ADMINISTRATION						
1. Who will provide participants with a record of attendance and retain records of attendance by participants for four (4) years from the date of the program?							
O Door the "Doored of Attendance" that will be accorded to the con-		a fallanda m					
2. Does the "Record of Attendance" that will be awarded to the ve		ne following:					
Sponsor of the program? Name of the program?	☐ Yes ☐ No ☐ Yes ☐ No						
3. Date of the program?	☐ Yes ☐ No						
Number of continuing education hours awarded?	☐ Yes ☐ No						
NOTE: Each participant must be provided a record of attenda							
ADDITIONAL INFORMATION REQUIRED							
Have you enclosed the following items:							
a. One (1) original and one (1) copy of your application for co	ontinuing education approval.	☐ Yes ☐ No					
b. One (1) original and one (1) copy of the program outline o	☐ Yes ☐ No						
c. One (1) original and one (1) copy of the curriculum vitas or resumes of all lecturers.							
2. Have you applied for continuing education approval with any of	her entity?	☐ Yes ☐ No					
If yes, please specify:							
AD	DI ICATION AEEIDMATION						
I hereby swear or affirm, under the penalties of perjury, that the sta	PLICATION AFFIRMATION atements made in this application are true	complete and correct					
Signature of program coordinator	and the state of t	Date signed (month, day, year)					